

**STATE OF NEW HAMPSHIRE
STATE EMPLOYEES
STATE & EMPLOYEE CONTRIBUTION CHART POS/HMO PLANS SEA PLAN
BI-WEEKLY RATES
07/01/06**

RISK ADJUSTED RATES				
	POS		HMO	
1 PERSON	\$	236.25	\$	235.08
2 PERSON	\$	470.89	\$	468.55
FAMILY	\$	752.47	\$	748.73

WORKING RATES				
	POS		HMO	
1 PERSON	\$	260.36	\$	232.75
2 PERSON	\$	519.11	\$	463.89
FAMILY	\$	829.62	\$	741.26

PROOF

\$ 260.36

\$ 519.11

\$ 829.62

POINT OF SERVICE**HEALTH MAINTENANCE ORGANIZATION****STATE SHARE****EMPLOYEE SHARE****STATE SHARE****EMPLOYEE SHARE**

**WEEKLY
HRS RANGE**

TYPE PLAN AMT**TYPE PLAN AMT****TYPE PLAN AMT****TYPE PLAN AMT**

FULL TIME		HLTHS	POS1	\$ 259.20		HLTHP	POS1	\$ 1.16
		HLTHS	POS2	\$ 516.78		HLTHP	POS2	\$ 2.33
		HLTHS	POSF	\$ 825.88		HLTHP	POSF	\$ 3.74

	HLTHS	HMO1	\$ 232.75		HLTHP	HMO1	\$ -
	HLTHS	HMO2	\$ 463.89		HLTHP	HMO2	\$ -
	HLTHS	HMOF	\$ 741.26		HLTHP	HMOF	\$ -

Detailed below are calculations used to arrive at the employee/employer contributions to the point of service health plans. Per the current collective bargaining agreement a new set of rates called risk adjusted rates were developed solely for this calculation. The state share is then the difference between the traditional working rates and the employees' contributions using the risk adjusted rates.

RISK ADJUSTED RATES

	POS		HMO		DIFF BETWEEN PLANS	EMPLOYEE SHARE- 100% OF DIFFERENCE	
1 PERSON	\$	236.25	\$	235.08	\$ 1.16	\$ 1.16	
2 PERSON	\$	470.89	\$	468.55	\$ 2.33	\$ 2.33	
FAMILY	\$	752.47	\$	748.73	\$ 3.74	\$ 3.74	

	WORKING RATES		EMPLOYEE SHARE		STATE SHARE
1 PERSON	\$	260.36	\$	1.16	\$ 259.20
2 PERSON	\$	519.11	\$	2.33	\$ 516.78
FAMILY	\$	829.62	\$	3.74	\$ 825.88